MULTIPLE DE ... NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		<u> </u>	<u> </u>					51					MAD.	DEF.
2								52						
3		8	} -				<u> </u>	53						
5		169	 -					54						
6		980					<u> </u>	55						
7		-0					 -	56						
8	_			 				57 58						
9							-	59						ļ
10		6						60						
11		8						61			V	5		
12								62		-				
13								63						
14		0						64						
15		(d)						65						
16		(D)					1 1 2	66				1-		
17		8					_	67						
18 19		CCEBBGE					 	68						
20		*					-	69						
21		83						70 71						
22		(7)					_	72						
23		33					-	73						
24		()					_	74						
25							_	75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						-
32 33								82						
34					-			83 84						
35		<u> </u>						85					 -	•
36								86						
37								87						
38								88						
39.								89						•
40								90						
41								91						
42							<u> </u>	92						
43			-				<u> </u>	93						
44		-					\vdash	94 95	}	<u>_</u>				
46								96						-
47								97						
48								98						
49								99						
50_								100						
TOTAL IND.	4	1		1		#	101	TAL IND.		4		4		4
TOTAL DEP.				4=		42		TAL DEP		4=		4		(2
TOTAL CLAIMS	25							OTAL LAIMS						
PTO - 1360	(REV. 11/04)									MENT of CO		<u> </u>	